

FOOD PREMISES INSPECTION FORM



Name of Premises: Best Western Plus
 Operator: _____
 Address: 55 Majors Brook Dr Saint John

Licence #: 02-02662
 Type: Class 3 Class 4 Class 5
 Category: Routine Re-inspection New Licence Other
 Water Supply: Private Municipal

Item No.	N.O.	S	U	Item No.	N.O.	S	U	Item No.	N.O.	S	U	Item No.	N.O.	S	U
1.0				3.3				7.0				10.2			
1.1		✓		3.4		✓		7.1		✓		10.3		✓	
1.2		✓		3.5		✓		7.2		✓		11.0			
1.3		✓		3.6		✓		7.3		✓		11.1		✓	
2.0				4.0				7.4		✓		11.2		✓	
2.1		✓		4.1		✓		7.5		✓		11.3		✓	
2.2		✓		4.2		✓		8.0				12.0			
2.3		✓		5.0				8.1		✓		12.1		✓	
2.4		✓		5.1		✓		8.2		✓		12.2		✓	
2.5		✓		5.2		✓		9.0				13.0			
2.6		✓		6.0				9.1		✓		13.1		✓	
2.7		✓		6.1		✓		9.2		✓		13.2		✓	
3.0				6.2		✓		10.0				13.3		✓	
3.1		✓		6.3		✓		10.1		✓					
3.2		✓													

N.O. – Not Observed; S – Satisfactory; U – Unsatisfactory; MI – Minor Infraction; MA – Major Infraction; CR – Critical Infraction

Item No.	MI	MA	CR	Remarks	Date for Correction

Green Light Yellow Dark Yellow Striped Red Red

Date of Inspection: Sept 24/2019 Re-inspection Required: Yes No

If Yes, Date: _____

White – Office; Yellow – Operator; Blue – Copy for Posting